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Attachment 1

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LIST OF ACRONYMS

ARV	Anti-Retro Viral
ASF	Associação Saúde da Família – Brazil
AV	Audio-Visual
BCC	Behavior Change Communication
BSS	Behavioral Surveillance Survey
CBD	Community Based Distributor
CDC	Center for Disease Control
COH	Corridors of Hope
CPS	Consumer Profile Study
CRS	Contraceptive Retail Sales
CSHGP	Child Survival and Health Grant Program
CSP	Country Strategic Plan
CSW	Commercial Sex Worker
DFID	Department for International Development (UK)
DHS	Demographic Health Survey
DIC	<i>PSI's Kunming Drop-in Center for IDUs</i>
DKT	DKT International
DR	Dominican Republic
DRC	Democratic Republic of Congo
EMA	Event Impact Assessment
ESMG	Eritrea Social Marketing Group
FBO	Faith Based Organization
FHI	Family Health International
FP	Family Planning
FSW	Female Sex Worker
GOAL	<i>International Humanitarian Organization</i>
GODR	Government of the Dominican Republic
G/PHN	Global Bureau's Population, Health, and Nutrition
GRPA	<i>Local IPPF affiliate in Guyana</i>
IDU	Injecting Drug User
IEC	Information, Education, and Communication
IMPACT	Implementing AIDS Prevention and Care Project
IPC	Interpersonal Communication
IPPF	International Planned Parenthood Federation
IR	Intermediate Result
IRC	International Rescue Committee
ITN	Insecticide Treated Net
IUD	Intrauterine Device
IVDU	IV Drug Users
JICA	Japan International Cooperative Agency
KAP	Knowledge, Attitudes, and Practices
MCH	Maternal and Child Health
MCHP	Maternal and Child Health Products

MDM	Médecins du Monde
MOH	Ministry of Health
MSM	Men who have Sex with Men
MVU	Mobile Video Unit
NAC	National AIDS Campaign
NACP	National AIDS Coordination Program (Zimbabwe/Mozambique))
NGO	Non-governmental organization
NUEYS	National Union of Eritrean Youth and Students
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PASMO	Pan American Social Marketing Organization
PLWHA	People Living with HIV/AIDS
PMTCT	Preventing Mother to Child Transmission
PNC	Prenatal Consultations
PNLS	Programme National De Lutte Contre le SIDA
PPT	Pre-packaged therapy
PROCETS	Sexually Transmitted Disease Control Program
PSA	Public Service Announcement
RFA	Request for Applications
RTI	Reproductive Tract Infection
SESPAS	Secretariat of State of Public Health
SFH	Society for Family Health
SMD	Social Marketing and Distribution
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
STP	Technical Secretariat of the Presidency
UNDP	United Nations Development Program
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VNYU	Vietnam Youth Union

INTRODUCTION/BACKGROUND

Summary Project Description

The AIDSMark program is designed to implement HIV/AIDS prevention and mitigation social marketing interventions worldwide for USAID, both on a regional and country-specific basis. AIDSMark socially markets essential health products and services and also develops and disseminates messages and concepts relating to behavior change.

AIDSMark supports the Global Bureau's Population, Health, and Nutrition (G/PHN) six intermediate results (IRs) under USAID's Strategic Objective (SO) 4. The AIDSMark contribution consists of: (1) enhanced and expanded social marketing of barrier methods, (2) social marketing applied to STI management and prevention worldwide, (3) effective advocacy for contextual changes as a result of and in favor of social marketing, (4) strengthened and expanded private sector involvement in STI/HIV social marketing projects, (5) increased availability and use of information on the effectiveness of social marketing for STI/HIV prevention and management, and (6) worldwide leadership in social marketing for STI/HIV prevention and management.

Summary of Activities Carried Out During Reporting Period

Since its inception in late 1997, AIDSMark has grown to 34 active projects in 42 countries. AIDSMark program funding is comprised of approximately 92% field support money and 8% Core funding. As most activities under the AIDSMark agreement are field driven, Core monies are primarily dedicated to providing strategic and technical support to these field projects. Due to the rapid increase in field support monies flowing through AIDSMark over the last few years, Core monies have been stretched to support an increased volume of work. This support is needed to increase the scope and scale of our programs as well as provide enhanced technical oversight dedicated to improving the impact projects have on the HIV/AIDS epidemic.

AIDSMark programs continue to play a critical role in utilizing private sector distribution channels to assure that quality condoms are accessible to populations vulnerable to HIV/AIDS. While access and affordability of condoms remains a major issue in many parts of the world, AIDSMark programs address additional issues including: delay of sexual debut; partner reduction, personal risk perception; voluntary counseling and testing; prevention of mother to child transmission; and STI prevention. All of these interventions are designed using social marketing strategies to target high-risk groups and to maximize impact in the most cost-effective manner. A combination of market and epidemiological analysis equips AIDSMark programs with a unique approach to effectively reduce transmission of HIV/AIDS.

In addition to providing support to projects in the field, AIDSMark Core monies have driven development of a regional behavior change communication campaign in 11 East and Southern African Countries addressing the issue of risk assessment among youth. This campaign has grown out of extensive research in the region, which demonstrated "trust of one's partner" results in behaviors that put youth at risk of HIV infection. The purpose of this campaign is to disassociate this sense of "trust" in a person with the risk of HIV infection.

Core monies have also helped pilot a PMTCT project in Haiti, explore the issue of “Cross-generational” sexual relationships, support USAID Global Health Bureau studies on “ABC” with and Male Circumcision, explore Single-dose Packaging of Nevirapine Suspension, added a Faith Based Organization Coordinator on staff to assist our projects in improving collaboration with FBOs, as well as provided additional research staff to improve monitoring and evaluation of all AIDSMark’s projects.

Key Accomplishments and Their Significance

Key Core accomplishments during FY 2003 include the following activities:

Regional Behavior Change Communications Campaign

Previous research has revealed that many youth assume that they are not at risk for contracting STIs/HIV because they trust their sexual partners. In 2001, the AIDSMark research team collaborated with four field offices to conduct a regional study on trust in sexual relationships and how it affects youth’s sexual decision making. A total of 33 focus groups with youth aged 15-24 years were conducted in Eritrea, Tanzania, Zambia and Zimbabwe. This qualitative research was used to explore definitions of trust, its influence on STI/HIV risk perception, and its role in condom use. Overall, the research team found that although youth use criteria to establish partners’ trustworthiness, a sense of trust diminishes youth’s perception of risk for STIs/HIV, resulting in discontinued use of condoms.

Based on this research, trusted partner campaigns have been produced in the following countries: Cameroon, Dominican Republic, Kenya, Mali, Nigeria, and Rwanda. Study results were also used to create an innovative regional communications campaign targeting youth in peri-urban areas of East and Southern Africa. This campaign challenges criteria youth use to identify trusted partners and their diminished perception of risk for STIs/HIV.

Behavior Change Communications Catalogue

In March 2002, AIDSMark produced the first version of the HIV/AIDS Behavior Change Communications Catalogue. This project facilitates knowledge-sharing between PSI offices worldwide. It presents a comprehensive view of all PSI BCC campaigns and allows any staff member worldwide access to these audio, video, and print files for reference. It also functions as a program planning tool, outlining the steps required to develop an effective BCC campaign by providing research summaries, creative briefs, and post-test results for each material. The first CD-Rom contained materials from 17 countries and addressed 12 HIV/AIDS-related themes.

The attention generated by the first catalogue and the subsequent influx of more BCC materials from PSI country offices led to the production of a second version of the catalogue in July 2003. Version two contains over four times the amount of information as version one, documenting materials from 37 countries and addressing 19 different HIV/AIDS-related themes. Taking advantage of this information, PSI country programs can learn from the experience of others and

increase the quality and impact of their campaigns without having to reinvent the wheel each time a new campaign is developed.

Expansion of Voluntary Counseling and Testing Projects

PSI has greatly expanded its portfolio of Social Marketing of Voluntary Counseling and Testing programs since its first flag-ship “New Start” program launched in Zimbabwe in 1999. Since then, AIDSMark has facilitated the expansion of VCT services into 15 other PSI country programs – well over the original goal of 10 programs offering VCT services by the end of 2005. Today active VCT programs are operating in 16 PSI countries. AIDSMark, as the HIV/AIDS division within PSI, provides technical support to all of these programs, although some of PSI’s VCT programs are fully funded by other donors.

PSI currently plays a substantial VCT programming role (operational management and/or local capacity building) in 13 of these countries, including Angola, Benin, Haiti, India, Kosovo, Mali, Mozambique, Namibia, Rwanda, Togo, Uganda, Zambia and Zimbabwe. In addition, PSI only does VCT promotion and communications in 4 countries, where VCT sites are operated by local or international partners. These countries include Burkina Faso, Botswana, Cote d’Ivoire, and Kenya.

Twelve other PSI country platforms have already received funding for development of VCT programs, but have not yet launched services. By AIDSMark’s projected end in 2007, there will be a total of 30 PSI country programs with active VCT programs.

During the next few years PSI expects to draw upon its experiences and expand its ability to provide additional post test care and support services, including providing additional health services for clients at its VCT franchises. Services provided will be those that will maximize health impact, and reduce the impact of the HIV/AIDS epidemic. At its New Start VCT franchise in Zimbabwe, in addition to providing a support system including ongoing counseling and post-test clubs, PSI has expanded its core services to include STI screening and treatment using syndromic management for STIs, as well as providing family planning services to VCT clients.

By the end of 2005, AIDSMark will support 5 VCT programs to provide adjunct health services for VCT clients. Priority services will include psycho-social care and support through post test clubs and strong referral networks, family planning services (especially for those who test HIV positive to prevent MTCT of HIV), STI screening and treatment, and TB prophylaxis, screening and treatment services.

Launch of Pilot PMTCT Projects

AIDSMark worked with PSI country staff in Haiti and Uganda to develop and launch two major PMTCT pilot programs in 2002. These programs were designed using the PSI franchising model, which promotes a brand for maternal and child health care services within a network of providers at many sites. The Uganda program, for example, is currently working with a network of service delivery points in 30 of Uganda’s 56 districts. In Haiti, the program is now in 6 sites in Port Au Prince with plans to expand to other sites nationwide with funding from the CDC. As

such, these “pilots” represent an important step in scaling up PMTCT programs that could be replicated elsewhere.

A behavior change communications strategy has been developed for Haiti which will be implemented in two phases. Phase one was launched in April 2003 and is designed to raise awareness of PMTCT in the general population. The second phase will be launched in 2004 and communication messages will focus on demand creation for PMTCT services. Extensive research has been conducted using focus group and in-depth interview techniques to gather data on stigma and barriers to use of PMTCT services.

AIDSMARK will now explore the possibility of developing up to two more Social Marketing PMTCT pilot programs to be partially supported out of core funding.

PERFORMANCE REVIEW

Evaluative, Formative and Baseline Research Studies

- WP-53 Longfield, Kim, Rebecca Cramer and Nkenda Sachingongu. 2003. Misconceptions, Folk Beliefs, & Denial: Young Men's Risk for STIs & HIV/AIDS in Zambia.
- WP-52 Longfield, Kim, Anne Glick, Margaret Waithaka and John Berman. 2002. Cross-Generational Relationships in Kenya: Couples' Motivations, Risk, Perception for STIs/HIV and Condom Use.
- WP-51 Longfield, Kim, Megan Klein and John Berman. 2002. Criteria for trust and how trust affects sexual decision-making among youth.
- WP-50 Agha, Sohail and Ronan Van Rossem. 2002. The Impact of a School-Based Peer Sexual Health intervention on Normative Beliefs, Risk Perceptions and Sexual Behavior of Zambian Adolescents.

Project Update for Fiscal Year 2003, By SSO4 IR

Intermediate Result 4.1: Increased quality, availability, and demand for information and services to change sexual risk behavior and cultural norms in order to reduce HIV transmission.

Activity 1: Angola – Condom Social Marketing for AIDS Prevention

Description

The project will support the Government of Angola's National Strategic Plan and one of its two major objectives – to reduce the transmission of STIs and HIV, particularly among high-risk groups – through the implementation of a pilot condom social marketing project. The purpose of the project is to increase the use of condoms, particularly among commercial sex workers and youth in Luanda, where one-fourth of the population is residing. The project will achieve this purpose by increasing access to and demand for condoms through the strategy of social marketing.

Progress to Date

In October, GOAL launched their new clinic in Sambizanga, bringing the total number of VCT clinics in the network to four, two run by GOAL and two run by IPMP. A total of 2,529 clients visited the centers in the last quarter of 2002 and 1,677 agreed to take an HIV test. Of those, 164 clients, or approximately 9.7% tested positive. In November, the program saw record highs in the number of clients visiting the four VCT/STI centers, due in part to enlarged capacity in the GOAL sites upon completion of their renovations. IPMP requested funding from the Department of Defense/USG to make similar renovations to their Cajurero center. In the first quarter of 2003, the total number of clients visiting the four VCT centers reached 3,976, representing a significant increase (of 57%) from the previous quarter. The increase in client flow is likely due to the completion of renovations that added considerably more space to Goal's sites, and to increased publicity about VCT services on TV and radio. There was a prominent story about VCT services on a popular TV news program in January, and the centers also featured in PSI's "Caminhos Cruzados" mini series. Moreover, there has been an overall increase in the percentage of clients visiting the centers who opt to take an HIV test. This quarter, 78% of center clients took a test compared to 66% in the previous quarter. The overall HIV prevalence rate among the 3,094 clients tested was 9.4% (12.7% among females and 5.5% among males).

Two CDC/Atlanta Consultants visited the project in October 2002 to upgrade the VCT data base and data collection form and to finalize a new manual for the database, which was presented to GOAL & IPMP clinic staff at the end of the month.

In early December, a new proposal was submitted to the CDC for a 12-month follow-on contract. A no-cost extension was requested to extend the pilot project through to the end of June 2003 to allow for some time for the CDC to organize a plan for the development of national VCT/STI protocols with the PNLS and other partners, which would be paid for, in part, from money remaining in the pilot project's budget. Since the beginning of 2003, UNICEF provided bridge funding to cover operations costs for the four centers, while we awaited the new contract from the CDC.

Activity 2: Benin – Expanding the Social Marketing of HIV/AIDS Prevention: an integrated approach with multi-product interventions

Description

This three-and-a-half year activity aims to expand the social marketing of STI/HIV/AIDS prevention information and condoms, while integrating their distribution with the delivery of related family health information, products and services.

This activity supports USAID/Benin's Strategic Objective 2: Increased use of STD/HIV/FP/MCH services and prevention measures within a supportive policy environment in each of its four Intermediate Results. The Intermediate Results are: improved policy environment (**IR 1**); increased access to FP/MCH/STD/HIV services and products (**IR 2**); improved quality of FP/MCH/STD/HIV management and prevention services (**IR 3**); and, increased demand for and practices supporting use of FP/MCH/STD/HIV services, products and prevention measures (**IR 4**).

Progress to Date

During the reporting period the program achieved record sales for Prudence condoms with 4,576,320 condoms sold. In addition, hormonal contraceptive sales reached record levels with 59,040 cycles of *Harmonie* (oral contraceptive) and 8,028 units of *Equilibre* (injectable contraceptive) sold. These sales are probably closely linked to the new generic TV spot promoting mainly injectable contraception, but other modern family planning methods as well, that began being broadcast nationally since September 2002.

AIDSMARK activities were extended from September 18, 2002 to March 31 2003 and all typical social marketing activities were continued under this extension phase while a non solicited technical and financial proposal was submitted to the USAID-mission in Cotonou in order to continue a new phase of an integrated enhanced social marketing program promoting family health.

The project's final KAP study was finished during this period and the overall results achieved are very positive; almost all targets were achieved. It should be noted that the given ORT base-line indicator could not be explained. The 2001 DHS results for this indicator shows 31.9% of ORT use, which is considerably lower than the initial determined benchmark.

Since October 2002, the project achieved full cost recovery for Orasel, which enables PSI in the future to use the generated revenues to purchase ORS product and packaging.

Activity 3: Brazil — Sustainable Condom Social Marketing

Description

AIDSMARK developed a four-year program in Brazil to expand availability of both male and female condoms to high-risk populations and to strengthen private sector HIV/AIDS prevention entities and efforts. DKT do Brasil is implementing this activity with the participation of several other NGOs in the four USAID target states of São Paulo, Rio de Janeiro, Ceará, and Bahia.

During the four years of this activity, the goal is to increase project sales of male condoms from 34 million in 1997 to at least 45 million by the year 2001. Such sales, with the accompanying condom promotion and HIV/AIDS education, will contribute significantly to the achievement of G/PHN's **IR 4.1**. This activity also constitutes USAID/Brazil's principal activity under its IR 3: Sustainable condom social marketing.

Under another component of this activity DKT do Brasil, in collaboration with Associação Saúde da Família (ASF), has continued to advocate for changes in commercial regulations and taxation practices that impede condom distribution and accessibility in Brazil. These efforts contribute to G/PHN's **IR 4.3**.

DKT collaborates with ASF to identify and improve the capacity of other indigenous NGOs to carry out effective HIV/AIDS prevention activities in the states of Rio de Janeiro and São Paulo. DKT also works with Pathfinder to achieve the same objectives in the northeastern states of Bahia and Ceará. Together, these activities contribute to G/PHN's **IR 4.4**.

As part of this agreement, DKT/Brazil, through a subcontract to ASF, is conducting condom distribution surveys in the four target states to measure progress in condom accessibility and levels of use. This work contributes to G/PHN's **IR 4.5**.

Progress to Date

We were advised by USAID that *DKT do Brasil* will no longer receive funding, so we completed and closed down the project.

Activity 4: Burundi – Condom Social Marketing for HIV/AIDS Prevention

Description

The goal of this one-year activity (October 2001 – September 2002) is to increase the correct and consistent use of condoms during high-risk sex in Burundi. Since estimates indicate that 93% of the population lives in rural areas and that HIV prevalence may be as high in rural areas as in urban centers, the project focus is on peri-urban and rural areas. Target groups include – commercial sex workers and their clients with a particular focus on 15-19 year-old girls.

Progress to Date

PSI/Burundi's marketing and communication plans have been re-vitalized. During the reporting period PSI's order of new communication graphics was received. This included nine posters and four stickers that worked in concert with the nationwide transmission of four new radio spots. These will be complimented by a nationwide series of hoardings that are currently being manufactured and, the vicissitudes of the civil war permitting; will be in place in by the end of the year. In addition promotional materials, such as t-shirts and baseball caps, have been produced and are being distributed throughout the country. Such items are not only greatly valued by the population but constitute a highly visible element of the HIV/AIDS campaign.

PSI continues to expand on its distribution base with the training of local peer educators who play a pivotal role. In training Peer Educators PSI's aim is to further develop the private sector and, hence, a sustainable national distribution system. These Peer Educators are responsible for

identifying and establishing new sales points, including non-traditional ones such as bars, hotels, hairdressers and ligalas (youth meeting points). This Community Based Distribution (CBD) strategy enables access to target groups by creating accessibility to condoms in remote and poorly served rural areas. It also complements the Ministry of Health's program of condom distribution at health centers. Since the last report the number of points of sale for Prudence condoms has risen from 760 to 993. PSI is confident that over 1000 points of sale will be established by Christmas. PSI/Burundi has always worked closely with other international NGOs in Burundi. In the case of the International Rescue Committee, for example, PSI utilizes the IRC's warehouse facilities in Bururi, Makamba and Rutana provinces. PSI also uses their network of community organizations as a vehicle for its educational events and condom distribution. In this regard PSI currently is working with numerous local NGOs and community groups in the country. These range from larger HIV/AIDS oriented NGOs to local "mutualités" (self-help associations) in remote communes. PSI is constantly augmenting this network and will continue to do so.

Activity 5: Corridors of Hope (COH) – Lesotho, Namibia, South Africa, Zambia, Mozambique, and Zimbabwe

Description

This program was designed initially in FY2001 to expand and strengthen condom social marketing activities for the prevention of HIV/AIDS at key cross-border locations in Zambia and Zimbabwe and South Africa. More recently, Corridors of Hope activities commenced in Lesotho and Namibia. PSI and its affiliates are committed to the overall COH goal of dramatically expanding the number of outlets that sell social marketing condoms and implementing branded advertising and promotional activities.

Progress to Date

New COH project activities were launched in Mozambique and Swaziland as well as in two new sites in Zimbabwe. Zambia reoriented their COH activities as the Cross Border Initiative, bringing together World Vision, SFH, FHI and JICA. Activities included ongoing social marketing of condoms, interpersonal communication with target groups, distribution and placement of IEC material, training for target groups as well as members of PSI staff. Ongoing socio-economic challenges (fuel and cash shortages), continue to affect program activities in Zimbabwe. Other challenges faced include equipping married women with condom negotiation skills, risk perception among sex workers (especially with permanent boyfriends), treatment compliance for STIs and addressing the myths and misconceptions that abound around condom use and efficacy. Our BCC activities will continue to address these issues. Two regional meetings have brought all COH program implementers together for an HIV Program Planning meeting (July 2003) and a Monitoring and Evaluation meeting (September 2003). Meetings were beneficial for sharing practices and networking.

Activity 6: PASMO AIDSMARK Regional Central America Project -- Belize, Costa Rica, El Salvador, Guatemala, Nicaragua, Panama

Description

In 1996 Population Services International (PSI) was awarded a regional contract by USAID G-CAP to address the spread of the HIV epidemic in Central America, and to help develop capacity in the region to stage an effective response. In order to achieve this objective the Pan American Social Marketing Organization (PASMO) was established in 1997. Over the next three years PASMO initiated an HIV prevention program in all seven countries of the region, creating an effective institutional infrastructure and developing the capacity needed to maximize health impact.

PASMO's strategy for this project period includes establishing the newly launched line extension for *Vive* (scented/flavored and contoured condoms), as well as the launching of lubricants and other feasible health products that will help contribute to improving health in the region, while also generating increased revenues. The decentralization strategy will also help reduce certain costs, while retaining the efficiencies of regional campaigns and systems development. PASMO will continue to negotiate media discounts and find other areas in which to achieve greater cost efficiency. The proposed budget is similar to current spending levels yet targets and expected results are significantly greater in all areas. By the end of project, PASMO expects to be able to

continue condom sales and distribution exclusively through revenue generation and thus sustain health impact in the future.

Progress to Date

PASMO has made advances on many fronts. PASMO will be presenting itself with a new, more sophisticated logo and has developed an expanded line of condoms and corresponding designs for their foils. This new line of condoms features *Vive Original*, *Vive Colors* (with three new flavors), *Amor* (a new low-priced condom aimed at families), *Más Fuerte* (extra protection with a "delaying" agent) and *Más Natural* (thin, sensation-enhancing condom). Additionally, PASMO has shot two generic advertisements during the past five months. The first, aimed at adolescent men, promotes delayed sexual debut with the catch phrase "*Tienes el valor, solo tu decides cuando*" (You're worth it/you have value, only you decide when you're ready [to have sex]). The message and the main protagonist resonated very well with the focus groups. This advertisement was broadcast during the summer. The second advertisement, shot in August and aimed at 20-somethings, promotes consistent condom use. It is currently being edited and will air in the fall.

PASMO's sales have been excellent in 2003; in the past five months two countries (Guatemala and Costa Rica) saw their best sales months ever. In July, Guatemala became the first Central American country ever to sell 500,000 condoms in one month. To further increase sales, countries are pursuing policies of distributor diversification, and are constantly pursuing new sales outlets. A recent development in this area includes the recruitment of *chicleros* (mobile, independent salesmen who peddle gum, candies, etc. on the streets, often outside of clubs and bars late at night). PASMO has made contact with their wholesalers in Guatemala and will begin to pursue this strategy. In addition, countries are hiring independent sales people to cover larger areas. PASMO has continued to reach its goal in the implementation of BCC activities, and is in the process of creating new ones. One particularly promising game is an adaptation of the card game UNO. The game is played the same as UNO, but the cards are different. The "damaging" cards bear pictures and information on various STIs, while the regular number cards bear "fact" or "myth" type questions. This game was originally developed for youths, but will be adapted for other target populations.

In order to increase health impact, PASMO will diversify its basket of goods. This process started last year, with the implementation of the DFID human rights project. While the overall goal of the project was a reduction in the prevalence of HIV amongst MSM and CSWs, the lack of knowledge on the part of vulnerable populations is so striking that PASMO is re-designing all of its activities to incorporate the theme. Additionally, the pilot youth project in Tegucigalpa was so successful, that it will be replicated (with a number of improvements) in Guatemala City, San Pedro Sula, Leon and San Salvador. HIV/STI prevention is an important component of the educational activities, but there are others, including reducing discrimination, addressing common problems/insecurities held by adolescents, developing job skills and resisting peer pressure, among others. Furthermore, in addition to ECs, PASMO is currently preparing a proposal in response to a USAID RFA for maternal/child health projects. PASMO would like to expand its basket of goods to include oral rehydration salts and multi-vitamins, and should the proposal be accepted, PASMO will also plan IEC activities to promote improved nutrition.

Activity 7: The Democratic Republic of the Congo – Expanded Condom Social Marketing and IEC for AIDS Prevention

Description

This three-year activity extends and sustains the social marketing of condoms in major urban centers throughout the Democratic Republic of the Congo (DRC) and promotes condom use and positive behavior change through both commercial advertising and interpersonal communications. This activity contributes to USAID/Congo's Focal Area 2: Support efforts to revitalize health service through the redevelopment of good governance structures for the public health sector.

Progress to Date

PSI/Congo's HIV/AIDS prevention project continues to combine highly-targeted interpersonal communication for behavior change interventions with the social marketing of *Prudence*-branded condoms. With the improving political situation, PSI has been able to increase exchanges between staff in three offices and take better advantage of experiences and best practices learned through these visits.

New strategies that take into consideration access and infrastructure improvements throughout the country are being developed. Interventions targeting commercial sex workers, their clients and persons in uniform are on-going in Kinshasa, Lubumbashi and Bukavu using modules developed for effective behavior change communications with each target group in the Congolese context. Commercial sex workers in "hot spots" throughout the three cities participate in an eight-day training series, followed by weekly support sessions to reinforce messages and healthy behavior. Activities targeting the regular partners of commercial sex workers, often called "Loves", have been added to increase outreach to the most at-risk groups. The clients of CSWs are reached through a combination of IPC interventions in identified "hot spots" in each city as well as through interventions during special events including popular television shows, concerts and festivals.

During this period, PSI staff raised the issue of risk perception on the hit show "Feux Verts," filmed live at Martyrs Stadium in Kinshasa in front of 30,000 audience members and over 200,000 television viewers. The persons in uniforms project continues to support social marketing of condoms within military and police camps as well as IPC interventions in Lubumbashi and Bukavu. Male condom sales continue to rise with sales objectives largely surpassed (65,510,725 condoms sold, objective was 54,000,000) and a new sales strategy promising to push the figures even higher.

Activity 8: HIV/ AIDS Prevention in El Salvador

Description

Through a partnership with PASMO in El Salvador, AIDSMark will continue the scaled up HIV prevention activities amongst high-risk groups during the period July 1, 2003 to December 31, 2004. In addition, the project will add on promotion of VCT amongst high risk groups. The requested budget for these activities is a mission buy-in of US\$100,000 for FY'03 and US\$200,000 for FY'04.

To increase safer sexual practices among high risk groups with emphasis on MSM, CSWs and their potential clients, the three main objectives will be to: increase widespread access to affordable condoms in El Salvador, increase motivation for safer sexual practices, and to increase ability to practice safer sexual behavior

Progress to Date

In 2003, PASMO increased the number of interpersonal activities it carries out with high risk groups nationally. Accessibility to condoms in new traditional and non-traditional sales outlets has been increased. Distribution of condoms has increased by 51% as compared to the same period in 2002.

Activity 9: Eritrea — Condom Social Marketing

Description

PSI initiated social marketing activities in 1996 under a tripartite agreement with the MOH and the National Union of Eritrean Youth and Students (NUEYS), which created the Eritrean Social Marketing Group (ESMG). The original two-year program was extended through September 1999, with additional bridge funding through May 2000. In May 2000, USAID awarded sufficient funds to expand the program through September 2002. The objectives of this follow-on program are to scale up distribution activities to a national level, intensify communications campaigns designed to encourage condom use, and increase local capacity to manage a national social marketing program. The activity will target high-risk groups such as CSWs, truck drivers, and Eritrean youth through the NUEYS national network. This activity will contribute to USAID/Eritrea's SO 1: Increased use of sustainable, integrated primary health care services by Eritreans. This activity will also contribute to G/PHN's **IR 4.1**.

Progress to Date

Sales continue to be strong with 4,768,248 condoms sold from Sept 02 through Aug 03 of this year. With an AIDSMark target during this period of 4,000,000, PSI is currently 19% over target on sales. ESGM continues to conduct an impressive number of communications activities targeting youth and the military. In the past 6 months PSI conducted a total of 260 mobile video unit presentations and music and drama performances, each tailored to promote targeted behavior change communications messages. For the first time, ESGM has also been able to message the initial impact of communications activities through the use of a PSI designed Event Impact Assessment (EMA). In July, the ESGM research department conducted 6 EMAs to measure the effectiveness of message presentation through MVU shows targeting the military and the general public. The results show a definite increase in personal risk perception among participants. The project is also making extensive use of mass media by airing 12 different

generic HIV/AIDS prevention spots, using Eritrean celebrities, over 150 times on national radio and television.

Activity 10: Guyana – Social Marketing for STI/HIV/AIDS Prevention

Description

PSI's project will support the USAID Mission to Guyana's goal of decreasing the incidence of HIV/AIDS and other sexually transmitted infections (STIs), and contribute to key objectives and indicators as identified in Guyana's National Strategic Plan for HIV/AIDS.

PSI's social marketing project is designed to increase safer sexual activity among high risk groups by improving accurate self-risk perception and effective risk management, and ensuring widespread access to affordable VCT services and condoms. Ultimately PSI will encourage healthier behaviors whereby messages promote knowledge of one's HIV serostatus, delay of sexual debut, partner reduction, and, where appropriate, consistent condom use.

Progress to Date

Progress made in forming key partnerships, especially with GRPA (the local IPPF affiliate) and the Ministry of Health on upcoming VCT activities. Plans for November 7 condom launch were delayed because the mission requested that the project launch BCC campaign, condoms, and VCT (announce the partnerships) be launched at the same event. This would provide balance between condoms and other preventive methods. Peer educators reported significant level of complaints about the project's condom quality. This issue was investigated, original (passing) test results secured from FHI, and the problem appears to have been solved. Permanent admin/finance manager hired during this period.

Activities 11 & 12: Haiti – Targeted Social Marketing & Prevention of Mother to Child Transmission of HIV/AIDS

Description

For the past 2 years, AIDSMark has been working through PSI/Haiti to conduct STI/HIV/AIDS prevention activities. The first activity funded through AIDSMark was implemented between August 1999-October 2000 and had two components. Under the first component, PSI/Haiti produced and distributed AIDS prevention IEC messages to the target groups of youth, CSWs and men. Under the second component, PSI/Haiti conducted feasibility studies and qualitative research to determine whether STI Pre-packaged Therapy (PPT) kits and/or lubricants could be successfully introduced in Haiti to prevent the transmission of HIV.

In FY 2001, AIDSMark received funding to continue implementing HIV/AIDS prevention activities. The project period is July 2001- June 2002. The project will improve Pante brand image and awareness through a new mass media campaign and activity sponsorship, expand distribution to further penetrate rural areas, and build demand among youth through interpersonal communication activities. New emphasis will be placed on improving personal risk assessment and encouraging self-efficacy related to HIV prevention.

The PMTCT project is a two-year activity, which began in September 2001 and seeks to reduce vertical transmission of HIV in Haiti. The program is currently jointly supported by USAID/Haiti and AIDSMark Core funds. These funds will also be used to leverage funds from private donors.

Progress to Date

PSI/Haiti's social marketing project for 2002-2003 was designed to increase healthier sexual behaviors among high risk groups by improving accurate self-risk perception and effective risk management (notably delay of sexual onset, monogamy, partner reduction and correct and consistent condom use), as well as ensuring widespread access to affordable condoms throughout the country. The focus was also on preventing mother to child transmission of HIV/AIDS.

To meet these challenges, PSI/Haiti has invested much of its resources in redefining and implementing a new marketing and BCC campaign that builds on lessons learned and best practices worldwide, and specifically targets the needs and practices of high risk segments in the most effective manner possible.

During the period covered by this report, the emphasis has been on provider training, proximity sensitization and information gathering that have helped set the stage for a massive BCC and promotional campaign scheduled for the last quarter of 2003. One such initiative is a visit organized with representatives from COIN and MODEMU, two NGOs with significant experience working with sex workers, to develop strategies and messages with PSI/Haiti technical staff early July. The new campaign will precede the launching of a new packaging for "Pantè" in January 2004.

PSI/Haiti, through its network of field coordinators and retailers, has continued to ensure widespread access to condoms despite the sometimes difficult political environment prevailing in Haiti.

Activity 13: Honduras – PASMO's HIV/AIDS Prevention Social Marketing Program

Description

The goal of the two-year program is to improve the sexual health of high-risk groups in Honduras. The purpose of the program is to increase safer sexual behavior, including condom use, by high-risk groups. The program has two main components: increase access to an affordable condom in Honduras, and increase knowledge of HIV among high-risk groups in Honduras. The priority high-risk groups are: MSM, CSWs and their clients, *garifunas*, mobile populations, men in uniform, and youth. Both the mass media and interpersonal IEC for both branded and generic communications will be used. This activity contributes toward USAID/Central America **IR 3.1, 3.2, and 3.3.**

Progress to Date

In June 2003, the scaled-up BCC component was approved by USAID. As a result, BCC activities at a national level with vulnerable groups were increased for the last 6 months of 2003. The PASMO consultant in La Ceiba continues to concentrate on the Garifuna population. In Tegucigalpa and San Pedro Sula, BCC modules are implemented with all target groups (MSM, CSW, clients of CSW, Uniformed men) in nightclubs, parks, police stations and prisons. The

BSS for Honduras, originally planned for 3rd Q 2003 by the USAID mission, has been delayed until the first quarter of 2004. The mission is coordinating the BSS and it is in the process of determining exactly what the data needs are for the country. A generic and a branded TV and radio campaign were launched. The generic campaign has two spots: one with a message to raise awareness of self-risk perception and the other to promote delayed sexual debut for adolescents. The branded TV and radio campaigns feature spots on VIVE classic and VIVE colors with a message of availability in *pulperias* to develop this market. PASMO is working with a new distributor in the pharmacy sector to increase coverage in this channel and expects to sign a contract with another distributor who has a strong presence in the non-pharmacy sector (*pulperias*, *mercaditos*, etc) to expand sales in this area. PASMO currently works with seven NGOs who are carrying out condom social marketing activities.

Activity 14: India – Operation Lighthouse: A Port-based STI/HIV/AIDS Intervention

Description

With funding from the United States Agency for International Development (USAID), PSI has begun a five-year (2001-2006); port-based STI/HIV/AIDS intervention in India called Operation Lighthouse. This national program will focus on all the major ports in India, namely, Mumbai, Kolkata, Haldia, Chennai, Vishakhapatnam, Kandla, Paradip, New Mangalore, Marmugao, Tuticorn and Kochi, with a core technical team coordinating the activities from Mumbai. This project will build on the momentum, knowledge base, resources, and infrastructure of PSI/India's successful social marketing project. Operation Lighthouse will reach millions of people, specifically vulnerable populations in port communities, with the information, services, and products they need to protect themselves from HIV/AIDS.

Port communities are crucial as they unwillingly serve as a convergence point for many Indians at the highest risk for contracting the disease themselves and transmitting it to others. Port communities are strategic as they are often located in urban centers, directly and indirectly employ large numbers of men from every walk of life, many of whom spend part of their time living away from their families. Port communities are critical because of need; they are underserved by current interventions.

Through Operation Lighthouse, PSI and USAID will reduce HIV incidence in port communities. This will be realized through aggressive condom social marketing and medical service delivery backed by a powerful and targeted communication strategy that reaches the right people with the right messages in all of India's 12 major port communities.

Progress to Date

The iBCC (Integrated Behavior Change Communication) strategy to reach the target groups with one message for a period of two months continued with six themes being implemented in this period. Through single-theme based interventions, we reached approximately 150,000 high-risk individuals every month across 5 target groups in 12 ports. Further, another 173,201 people were contacted during this period through ground activities being done specifically to promote our Saadhan clinics. The popular 'Balbir Pasha' campaign on HIV/AIDS awareness and 'self-risk perception', which ran in Mumbai from Nov'02 to Feb'03, went on to win the silver prize in the annual 'Effie' awards ceremony. The Balbir Pasha campaign was later replicated across the states of Tamil Nadu and Andhra Pradesh with some modifications as 'Puli Raja' with a similar

objective of building HIV/AIDS awareness and 'self-risk perception'. Further, there was sustained promotion for the Mumbai help-line using various media as well as an intensive mass media campaign to promote the Saadhan clinics in Chennai and Vizag. At the end of September 2003, there were 7,818 condom outlets stocking Masti condoms. The street-based condom promotion activities (VAT 69) covered 537,962 people across 5,814 locations. A new Saadhan static clinic was opened at Vashi in this period. A new design of the mobile van was sent to Goa and work has begun on mobile clinics for Kolkata/Haldia and Cochin. The Saadhan help-line which became operational in Mumbai in December 2002 has received over 12,300 calls and is now averaging over 2000 calls per month. The Mumbai help-line was replicated in Vizag in September 2003 and has received 131 calls in its first month of operations. After the findings of the 'Behavior Change Impact Survey' (baseline) were used to make appropriate revisions made in the port plans, we have been doing a monthly 'Output Tracking Survey' to track movement in the 'output level indicators' of the logframe. Further, pre and post testing of all communication campaigns was done in this period. Mystery client studies were also conducted across all Saadhan clinics to assess service quality. A comprehensive monthly port review exercise was initiated in May 2003 and has continued since then with the active participation of all managers at the Mumbai office and representatives from select ports. The activities of the ports are reviewed, feedback given and all outstanding issues addressed. As part of this exercise, we also held a series of zonal meetings in August to review activities from April - July 2003. The zonal meetings were held primarily to improve coordination between the Mumbai core office and the ports as well as to increase the interaction between ports. A comprehensive analysis has also been done of the impact of our IPC work and ports where we are not being able to move the log-frame indicators were identified. Corrective actions are being taken. Further, we recognized the need to considerably scale our targeted interventions across all ports and have begun work on an expansion plan.

Activity 15: Kenya – Social Marketing of Male Condoms to Reduce HIV Prevalence among Kenyan Youth, Hormonal Contraceptives to Improve Reproductive Health of Kenyan Women, and Bednets and Re-dipping Services and Other Products to Improve Child Survival

Description

PSI/Kenya implements social marketing and behavior change communications activities to (1) increase the adoption of safer sexual practices among youth age 15 – 24 and among women of reproductive age in a monogamous relationship; and (2) increase sustainable use of ITNs among children under five and pregnant women in the Coast Province of Kenya. The program began in May 2000.

Progress to Date

All sales are at or above targets. Primary shortcoming has been lack of increase in injectable distribution availability; free public sector stock (99% market share) leaking into the private sector is the primary hindrance. The reduction in the fiscal year 2004 obligation by \$1.2 million has forced a postponement and possible cancellation in the development of the next Trusted Partner campaign. We will use one spot from the regional trusted partner campaign in the interim.

Activity 16: Laos: National Condom Social Marketing Project For HIV/AIDS Prevention

Description

PSI/Laos proposes a narrowly targeted condom social marketing strategy that is designed to draw more people into the *Number One* market using finely tuned, target group-specific behavior change communications. Through the AIDSMark project, PSI/Laos will both expand the scope of existing social marketing activities and develop new ones in an effort to realize maximum appeal among all project target groups.

Progress to Date

During FY-2003, the Lao Condom Social Marketing Project supported by AIDSMark realized significant progress against project indicators. Following the launch of *Number One Deluxe Plus lubricant* in November 2002, PSI Laos distributed over 500,000 sachets of lubricant, targeting both MSM and female sex workers at venues that PSI research indicates they frequent. During the same period, PSI Sales Agents sold 4,273,605 *Number One* condoms throughout the country, focusing their efforts on high-risk groups, including mobile populations, sex workers, MSM and out-of-school youth. This represents a 14.3% increase over last years condom sales.

In an effort to increase the impact of HIV/AIDS programming on the high-risk behaviors of key, vulnerable groups, PSI Laos launched a series of mass media and interpersonal materials for mobile populations in June 2003. PSI will measure the impact of these materials on the target audiences through a Consumer Profile Study (CPS), the results of which will be available in the final quarter of 2003. The national BSS is scheduled to be carried out by the Ministry of Health in 2004, and PSI will use the results from this survey to help measure the impact of its various BCC interventions.

In order to ensure that condoms are available to those who are the most vulnerable to HIV/AIDS, PSI Laos made a concerted effort to increase condom sales to “high-risk” outlets, such as night clubs, beer shops, bars and guesthouses -- venues that are frequented by the project’s client groups. During fiscal year 2003, 1,638,969 *Number One* condoms were distributed to such outlets, which is almost 64% higher than the target figure for the year of one million condoms. In the next reporting period, PSI Laos will continue its sales efforts on increasing the number of “high-risk” outlets where condoms and lubricant are available, with particular emphasis on “hot spots” for mobile populations, sex workers and MSM. With the results of the 2003 CPS in hand, PSI will be well placed to develop a new series of BCC materials addressing the needs and perceptions of these vulnerable groups.

Activity 17: Madagascar – Social Marketing of Male Condoms to Reduce HIV Prevalence among Adolescents and Hormonal Contraceptives to Improve Reproductive Health of Women

Description

The primary objective of the program is to reduce the transmission of STI/HIV/AIDS through the social marketing of male condoms. The program also seeks to increase the use of family planning and other health products and services through private sector partners and commercial strategies in order to address maternal and child mortality and morbidity in Madagascar.

The program will continue the social marketing of condoms and hormonal contraceptives that began in 1996, and explore ways to strengthen linkages with Madagascar’s commercial sector

for the promotion and distribution of products through social marketing. The specific activities outlined in the current one-year workplan are marketing of condoms, oral contraceptives, and injectable contraceptives; a feasibility analysis for new products or services (pending available funds); and introduction of at least one new social marketing product or service (pending available funds).

Progress to Date

This report captures only the first four months of the current AIDSMark workplan approved for Madagascar as PSI/Madagascar is developing a four-year workplan to start October 1, 2003, as discussed with the local mission. Benchmarks reflect the first four months of the workplan year (June through September) rather than an entire 12 month period. Therefore these are in some cases incomplete or not yet achieved as they will be rolled over and/or completed in the new four-year plan. This is also the case for indicators for which baseline figures are still being solidified and targets and results will be determined afterwards. Despite this, it is clear that PSI/Madagascar is on the road to achieving most if not all of its objectives as laid out in the original workplan document.

Most notable of achievements has been the name recognition for certain PSI products found in the results of the January 2003 distribution survey. *Pilplan* had a very high rate of recognition and stocking at 96%, as rural "depots de medicaments" might be over sampled or, more proportionately sampled, we may see this lower, but already impressive as it stands.

For the seven PSI products covered under this project, three exceeded their sales objectives for the period June through September, 2003, due to a slump in sales during the month of September. Efforts toward increasing community-based sales, commercial contacts, and medical detailing from end of September to mid-October, 2003 has already resulted in at least 2 of the remaining four products being placed back on track with the sales objectives. This is cyclical for the September period, but is especially accentuated by free distribution of medicines (in this case family planning products) in the public sector as an "economic crisis" alleviation strategy that was put into place temporarily by the new president. Overall, the most impressive seller, however, has been *Cura7* which reached its 2003 annual sales goal in just the first eight months. This is probably largely due to a "pent up need" on the part of consumers in a country with very high STI rates. Big efforts are planned to increase sales in ITNs and water treatment in the next project period, with particular emphasis on a more affordable (lower-priced) bed net product and a big sales and promotion push in the rural areas toward a goal of 60% coverage of households with children less than five. This is highly supported by complementary funding from the Global Fund and significant commodity support from the World Bank is anticipated.

Activity 18: Malawi - Improving Health in Malawi through Social Marketing

Description

The goal of this project is improvement in the overall health status of Malawians through social marketing. The objective of this project is twofold. The first objective is to mitigate the impact of HIV/AIDS by increasing the use of improved effective and sustainable methods of reducing HIV, especially amongst Malawian youth. Secondly, to increase the adoption and appropriate use of quality child survival products (Insecticide Treated Nets (ITNs) and Oral Rehydration Salts (ORS)). To accomplish this, PSI/Malawi will undertake an integrated strategy of social marketing of *Chishango* condoms, *Chitetezo Nets*, *M'bwezera Chitetezo* retreatment, and *Thanzi* ORS.

Progress to Date

Sales for all products have greatly exceeded targets during the reporting period. During the period, generic communications campaigns to improve personal risk perception for HIV/AIDS and to address the trusted partner myth were developed, pre-tested and launched. The bicycle sales force has been increased 25 to improve the link between wholesalers and retailers resulting in improved condom availability. The additional cost per condom delivered through the bicycle sales force has been kept below 1 US cent.

The youth alert programs have visited almost all the secondary schools in Malawi at least once. Currently, a new curriculum is being developed for 2004 which will take into account the evolving needs of the secondary school children and will address the multitude of questions which are routinely collected by the program. The annual national girls football tournament, which was sponsored by youth alert, took place between April and July. Girls from over 600 secondary schools took part and the final for played in the national stadium in Lilongwe as part of a weekend of health promotion activities focusing on HIV prevention. Over 30,000 young Malawians attended. Currently, the program is developing a strategic plan to socially franchise the youth alert brand and thereby leverage the opportunity presented by the multitude of youth organizations in Malawi to carry out peer education.

The ITN program is progressing extremely well. Over half one million ITNs were delivered during the reporting period through public and private delivery channels. A nationwide free retreatment campaign was developed with UNICEF and will be implemented in November 2003. The ORS program is currently providing a pivotal role in Malawi since supplies of free public sector ORS have run low in health facility. The nationwide availability and affordability of the *Thanzi* brand means that mothers and caregivers can still easily access ORS when their children have diarrhea. It is the lack of free public sector ORS which explains the extremely high demand for *Thanzi* during the reporting period. This is an excellent example of how a socially marketed brand provided through the commercial sector can compliment the activities of the public sector.

Activity 19: Mozambique

Description

The goal of this project will remain the same as in the last grant, being, to reduce the transmission of HIV and other STIs in Mozambique. The purpose of the project is to increase the adoption of healthier sexual behavior focusing upon those people most at risk of transmitting STIs/HIV. "Healthier sexual behavior" includes partner reduction, condom use, and treatment of STIs.

This project will commence to coincide with the priorities of the NAC and NACP. The completion date shall coincide with closing date of the missions Country Strategic Plan (CSP) of September 30, 2002

The project will be national, meaning PSI's communications and marketing activities will take place in the 71 priority districts that are currently being covered. VCT clinics will continue to operate in Maputo and Gaza provinces and the STI clinic project will function in all ten provincial capitals and in key districts. Regular consultations with the NACP will help PSI/Mozambique direct its activities where they are needed most.

Progress to Date

Project is on track to achieve objectives. Currently negotiating extension through USAID fiscal year 2004.

Activity 20: Myanmar – HIV/AIDS Prevention and Control in Myanmar: An Integrated Partnership

Description

This one-year project is designed to increase behaviors conducive to prevention and control of HIV amongst high-risk populations in Burma. It will achieve four outputs including the increased access to products and services for prevention of HIV/AIDS amongst priority groups. Secondly, to increase access to quality care for people living with HIV/AIDS (PLWHA). Thirdly, to increase knowledge and attitudes conducive to safer behaviors amongst priority groups and lastly to increase the understanding of risk behaviors amongst priority groups in Burma. Priority groups include sex workers and their clients, men who have sex with men (MSM) and injecting drug users (IDUs).

Progress to Date

Consumers continue to respond positively to the female condom and lubricant, launched in July and August respectively. To date PSI has sold 15,530 female condoms and 243,904 sachets of lubricant. PSI is moving forward with its sex worker and MSM targeted intervention strategies and coordinated an expert panel workshop to integrate RTI treatment into the Sun Quality Health Network. MDM- MDM organized training on harm reduction that included counseling, peer education and family support in July 2003. MDM also sent a staff member to Pakistan for an exposure tour organized by AHRN in August 2003 and is arranging for two doctors to attend the Methadone substitution training course in Hong Kong in October 2003.

MDM opened a drop-in center for drug users in June 2003. A total of 361 drug users attended DIC for education session and health care. During this period, MDM has organized 33 HR

education sessions for drug users in drug treatment hospital and inside shooting galleries. Although this particular education component is not funded by USAID, it had benefited from the USAID-funded training and study tours. AZG- AZG Projects are proceeding as expected. The construction of the hospice for PLWHA in Phakant, Kachin was completed. Shan project now has a fully operational clinic in Muse which is attracting increasing numbers of patients. ARV treatment has recently started in Lashio, with 11 patients to date receiving ARV's. Home-based care to PLWHA continues as does good attendance at the clinic by our target groups. AZG is negotiating through the attention and criticism by authorities to the HIV/AIDS poster campaign. COMPASS- Compass research has completed the report on youth risk behavior and male sexual health study. Reports have been submitted to partners and results have been discussed in a meeting with all partners.

Activity 21: Nepal – HIV/AIDS and Reproductive Health Social Marketing

Description

PSI/Nepal will collaborate closely with the three currently operational social marketing entities, namely: Contraceptive Retail Sales (CRS), Social Marketing and Distribution (SMD) (both of which distribute products that prevent HIV/AIDS) and Maternal and Child Health Products (MCHP). A review of current management capacity, systems and brand equity will be undertaken in collaboration with CRS. Areas of focus will include distribution mechanisms, brand and product appeal and product mix. Working closely with CRS is essential in improving on current sales figures and to beginning a more targeted demand creation program for specific target groups that are high-risk, such as FSWs.

Alternative distribution mechanisms will also be introduced with PSI/Nepal and other private sector partners becoming directly involved in distribution of HIV/AIDS prevention products. Increased competition is good for clients in terms of choice, accessibility and product range.

In addition, PSI/Nepal will expand the social marketing product portfolio to include a youth male condom, additional HIV products (possibly a water-based sexual lubricant and female condom), a full range of family planning and selected MCH products and services.

Progress to Date

During Year 1 the project achieved the majority of the benchmarks and all the indicator targets stated in the AIDSMARK Workplan (revised and approved January 2003). A condom brand, 'Number One', was designed, pre-tested, and registered, based on extensive research with high risk target groups within the youth segment. The distribution launch of the Number One condom took place in December 2002 and the nationwide media launch took place on 13 April 2003. Distribution contracts were established with two agencies to expand the number of traditional and non-traditional outlets providing condoms and a brand advertising campaign was implemented. A condom marketing plan was drafted and an extensive literature review implemented as the basis for the development of a condom social marketing communications strategy. A range of new traditional (over 7,000 outlets) and non-traditional outlets (over 14,000 outlets) were established and serviced. Condom sales for Number One were targeted at 1 million for the first year, however double this was achieved in sales in the first three months. The entire condom market grew dramatically in association with the Number One launch and

promotional campaign, including sales in the other two social-marketed condom brands (*Dhaal* and *Panther*).

A social franchise network to improve health service delivery amongst private sector providers was launched under the brand name 'Sun Quality Health', after extensive brand research. Existing private sector providers in the Kathmandu valley (approximately 1,300) were mapped through to help identify future members of the franchise network. A franchise baseline survey was undertaken to establish a baseline for private sector quality of care and provide programmatic information on the development of a franchise network (including guidance on the consolidation of existing branded training networks). A franchise brand name and logo were developed, pre-tested and registered. The franchise business format was designed and a franchisee quality manual drafted. The family planning service package to be delivered through the network was defined and a provider FP skills building manual developed. Private sector health providers from 53 outlets were trained in quality family planning provision and their outlets branded with the Sun Quality Health logo, thus launching the Sun Quality Health Network in the Kathmandu Valley.

Financial and technical support was provided to five local NGOs working in the field of reproductive health, in order to meet defined deliverables as per the Nepal Reproductive Health Social Marketing Strategy and the AIDSMARK Workplan. A total of 242,687 couple years of protection were generated through PSI/Nepal's work with its partners.

Activity 22: Nigeria – Targeted HIV Prevention Campaign and Support for Family Planning

Description

PSI has a long-standing program in Nigeria with a history of support from USAID, dating back to 1993, when USAID invested in PSI and its Nigerian affiliate, the Society for Family Health (SFH) to create a nation-wide contraceptive social marketing program. Since then the operation has grown with the support of USAID and other donors to become a major national resource in the effort to increase safe sexual practices and promote voluntary family planning in Nigeria.

In the calendar year 2001, the project expanded the scope and impact of HIV prevention activities targeted to high-risk audiences and continued to support voluntary family planning among people at low risk of contracting HIV. Specifically, PSI/Nigeria implemented the following key activities including increased contraceptive (especially condoms) introduction to key audiences through collaboration with USAID implementing partners and local NGOs. PSI/Nigeria expanded the Junction Town drama into all major regions. A new mass media campaign for condom promotion was designed and aired. The use of USAID-supplied injectables, oral hormonal contraceptives, and IUDs among audiences at low-risk of HIV infection was supported.

Progress to Date

During the reporting period, PSI/SFH produced and aired nationally a 60-second TV spot in Pidgin to increase knowledge of young women and men that mutual fidelity is an effective HIV prevention strategy. The same message was translated into a radio campaign developed in 10 local languages that was aired 9000 times from June to August 2003 over 44 stations nationally. In addition, the 185 billboards placed during the last period as part of the Femi and Fati

campaign to increase knowledge that you cannot tell by looking who is HIV positive, were found to have reached nearly 50% of the target audience in a national survey in August with three quarters able to recall the message. Interestingly, the percentage of respondents who know this information increased nationally from 54.9% in August 2002 to 71.2% in August 2003, a good indicator that the Femi & Fati campaign follow-up multimedia (TV, radio, billboard, print) campaign was successful. The radio drama continued to reach, in four languages, an estimated total of 20 million Nigerian (aged 15-49) per week and the development of the 2004 drama is well underway. Five new targeted dramas for the direct communications "road shows" were developed during the reporting period and reach over 75,000 people in and around the pilot communities where the program is working. In addition, these shows were disseminated in the core north of Nigeria after an absence of over two years. The new pre-packed anti-malarial treatment project was launched in Aba on 31 July.

Activity 23: Russia – Social Marketing for STI/HIV/AIDS Prevention

Description

This activity expands generic condom social marketing to reach vulnerable populations. Included in the design are safe sex campaigns using mass media and interpersonal behavior change communications. These campaigns target young people aged 15-25 as well as those groups most likely to transmit HIV/AIDS, including IV drug users (IDUs), commercial sex workers (CSWs), men who have sex with men (MSM) and STI clinic patients. In the fourth quarter of FY2001, this activity received additional funding and an extension through September 2002.

This activity contributes directly to USAID/Russia's Health Strategic Objective: "Improved effectiveness of selected social benefits and services" by supporting IR1: "Improved capacity to deliver services to reduce STI/HIV/AIDS transmission in selected vulnerable populations."

Progress to Date

Under the social marketing campaign for youth, one mass-media and two internet campaigns were produced and launched. TV shows were aired, and well-attended healthy lifestyle events were organized. Four new PSAs were launched and aired on federal TV. PSI continued implementing numerous peer-education programs. IEC materials were produced and distributed. MoH funded 40% of the production costs of four school video-clips/PSAs and of pilot TV game shows. Condom sales decreased due to a stock out while awaiting registration of the new manufacturer. However, due to PSI's marketing campaign, the sales of quality condoms increased while those of low-quality condoms declined.

Social-marketing intervention activities for IVDUs included 17 sessions in schools and clubs, as well as 13 events for primary prevention of HIV and drug demand reduction in Tula. In addition, 15 sessions were conducted for police inspectors working with under-age youth. The cooperative agreement with the police service was concluded during the fiscal year 2003. In this time frame, 230 prison inmates were trained in HIV prevention as well.

PSI/Russia's social marketing interventions for MSMs involved launching the Web site "Gayhealth.ru". New MSMs brochures and postcards were produced and distributed and 22 outreach actions were carried out.

Social marketing interventions for CSWs incorporated pieces of literature distributed to CSWs and police officers. A total of 16500 condoms were distributed to CSWs through outreach activities. In Saratov Oblast, 17861 contacts were made by outreach workers who continue to accompany CSWs to clinics for testing. Seminars were held for the police. Finally, a hotline for CSWs was launched.

Activity 24: Russia – Child Survival (Samara)

Description

In addition to the Social Marketing activities outlined above, USAID requested PSI/Russia to develop an action plan for HIV/AIDS prevention interventions in the Samara Oblast during a 13 month period with a potential for follow-on funding. PSI has determined that a branded condom campaign that focuses on increasing awareness among youth about correct condom use, and simultaneously improving their access to affordable and quality condoms in a variety of outlets convenient to them, will most effectively respond to Samara's needs. While *Favorite* condom distribution will be Oblast-wide through commercial channels, promotion will focus on the population centers of Samara and Togliatti cities due to impact potential and the concentration of HIV/STD infections in these urban areas. Within Samara, PSI will determine pilot areas for interpersonal communications activities that will support the branded and generic campaigns through activities such as peer education or in-school trainings, as determined appropriate by local partners.

Progress to Date

Significant effort was invested this period in registering a new condom manufacturer for *Favorite*. While the process was started late 2002, Condomi was slow in getting the documents to PSI and the Ministry was slow in processing them. As a result registration was granted only in September and the condoms shipped immediately thereafter. In the meantime supply had run dangerously low, and hence promotion was targeted only to key locations including Samara and Saratov. In Samara sales maintained steady growth until stock ran out in October. Results from an independent market research company, RMBC, show that *Favorite* has significantly stimulated the whole quality condom market where sales of quality condoms have increased by almost 300% since *Favorite* was launched. Low quality condom sales have been declining. Many "competitors" have significantly increased their own marketing campaigns and have approached PSI's key distributors and sub-distributor and requested they do with them what they do with PSI. *Favorite* sales accounted for approx 10% of all quality condoms sold in Samara this period suggesting they stimulate the market (halo effect) without monopolizing it.

Activity 25 & 26: Rwanda – HIV/AIDS Prevention among the Military and Malaria Prevention

Description

This one-year activity began in September 2001 and its goal is to reduce HIV prevalence among the Rwandan military. This project includes targeting the military through an integrated BCC

campaign, which is based on extensive focus group discussion with soldiers. Using this qualitative research, messages will be developed in various formats, materials will be distributed through IPC sessions (100 total), and a special event will be held to launch the BCC campaign. The Strong Man Body Building Competition will link the image of strong, healthy, “real” men with condom use.

Progress to Date

The military behavior change communication has shown some improvements, some of the recommendable achievements include; conducting 1501 IPBCC sessions, 30 cinemobile sessions with approximately 25,000 participants. PSI/Rwanda trained and incorporated four active seropositive soldiers into the program in order to provide testimonials to colleagues on how they live “positively” with HIV/AIDS and correct the misconception that HIV infection is same as actually suffering from AIDS. Sessions also address treatment of opportunistic diseases associated with HIV infection. A full-length film and three mobile video unit (MVU) spots that address the main messages of self-efficacy, risk perception, and voluntary counseling and testing services were produced and subsequently played in brigades by PSI/Rwanda’s popular cinémobile. Over 15,000 soldiers were reached in 2003 alone (until the end of Phase II). Picture codes and flip charts were designed, pre-tested, produced, and distributed to 174 peer educators and other PSI program staff.

Progress to Date – Malaria Project

Activities were launched in three of the seven health districts where PRIME II has existing programs in PNCs and mutuelles. In Kabgayi and Byumba, the project focused on increasing malaria prevention education for clients and ITN sales through PNCs. Through the now ended CSHGP, PSI/Rwanda was already working with 10 of the 25 health centers in Byumba to provide training and supervision, and to promote the sales of branded SUPANET at 1400 RwF. With the additional resources of this new pilot project, PSI/Rwanda expanded training and supervision to the remaining 15 health centers in the district. In Kabgayi, where PSI/Rwanda had no existing activities, a full program of training, supervision, and commodities was conducted during the project period. In order to comply with MoH policy, PSI/Rwanda switched to selling generic nets at 200 RwF at all PNCs in Byumba and Kabgayi. In Bugesera, however, PSI/Rwanda and PRIME II implemented a unique approach to increase malaria prevention knowledge and ITN use through the sale of discounted SUPANET at 500 RwF to members of mutuelles.

In Phase II, 38,061 ITNs were sold (11,710 in the mutuelles and 25,735 in the PNCs), surpassing the goal of 10,000 to mutuelles. In contrast, the number of retreatment kits sold was extremely low at 2630 total kits (411 in mutuelles and 2219 in PNCs).

PSI/Rwanda trained 171 PNC nurses in malaria prevention and IPC, who then conducted IPC with patients to increase understanding of malaria and means of prevention, as well as demand for ITNs. Similarly, 40 mutuelle managers were trained. All received copies of the informational flip charts that were previously developed, pre-tested, produced, and distributed by PSI/Rwanda.

In order to encourage early prenatal clinic attendance, a radio spot targeting pregnant women and addressing the importance of early prenatal care for the health of their future children was

developed, produced, and aired 75 times during the project period. Since Rwandan radio currently only transmits nationally, the spot was heard beyond the target areas, benefiting an even greater number of women than previously proposed.

An informational video spot promoting membership in mutuelles by communicating the advantages and benefits to membership and encouraging members to purchase and use a reduced-price SUPANET was produced for use by PSI/Rwanda's mobile video units (MVUs), however due to a delayed production schedule, the film was not played during the project period.

Three pre-existing generic malaria prevention spots, produced by PSI/Rwanda and focusing on behavior change priorities as identified in a 2000 KAP—night-biting mosquito as the vector, pregnant women and children under five as the most vulnerable groups, and economic advantages of ITNs (improving the population's price-value perception), were aired nationally for 63 days during the project period.

The overall intent of the spots was to increase demand for and behavior favoring the use of ITNs.

To track sales, a system using health and membership cards was designed and implemented. Pregnant women attending PNCs receive and use health cards for monitoring their pre- and post-natal visits, and nurses were trained to record the allotted ITN sales with an approval stamp and their signature on the health card and to record the sale, including such pertinent information as client's name, whether pregnant or not, and number of children under five at home, in the sales/inventory tracking materials provided by PSI/Rwanda. Sales of generic ITNs to each pregnant woman were limited to two to restrict the potential for re-sale into the commercial sector. Individual mutuelle members were eligible to purchase one reduced price SUPANET, and family members could buy two. Because Karishya was sold at the national and commercial consumer price of 100 RwF, sales were not limited or recorded on the health card.

Activity 27: Uganda – Preventing Mother to Child Transmission of HIV

Description

For the first time, proven social marketing and franchising techniques will be utilized to expand access to voluntary HIV counseling and testing (VCT) and Nevirapine to prevent mother to child transmission of HIV. At the end of this two-year intervention, 50 providers will be trained and offering comprehensive prevention of mother to child transmission (PMTCT) services, including VCT, as part of routine antenatal care.

Progress to Date

Project activities in the past 6 months focused on service enhancement and addressing low VCT uptake. In the previous reporting period, VCT uptake was on average 5%. PSI examined reasons for the low uptake and found that most centered on provider counseling skills and approach. Providers had been trained in an "opt in" approach to testing that involved extensive counseling and risk exploration. This approach was cumbersome, time consuming, and stressful for women who felt they were being singled out for testing. An opt-out approach was adopted and PSI developed a JOB AIDE for using this approach in an ANC setting. Counselors were retrained and in the 3 months since the training, VCT uptake has averaged 23%. With improved services

in place, PSI has begun to promote the clinics. In the reporting period, 18 dramas were performed in the 3 project districts, reaching about 3000 people. Two IEC brochures were developed in 3 languages for use in clinics and during outreach. Radio and print ads are currently being finalized. It is anticipated that these will lead to significant increased in client flow.

Activity 28: Vietnam – Establishment of a Condom Café in Hanoi

Description

With support from AIDSMark, Health Education Volunteers and Vietnam Youth Union (VNYU) are implementing an AIDS education/awareness project, which takes place in five areas in Hanoi that have a high concentration of youth. Youth teams, drawn from their local communities, are carrying out HIV/AIDS education and prevention activities. The basic approach is a peer to peer education with an emphasis on community participation.

The key objectives of this program are: increased AIDS awareness and promotion of safe behaviors among youth and improved institutional capacity of VNYU and local partners at project sites in the planning and implementation of HIV/AIDS awareness activities.

Progress to Date

Production of additional IEC materials has begun after a long process of participatory developing and field testing by the teams. During the reporting period over 60,000 pamphlets and other types of printed material were distributed at the five project sites. Other IEC interventions included plays, mini seminars, contest and surveys on HIV/AIDS. Team members, a total of 25, went to Thanh Hoa and Nghe An provinces to visit and exchange ideas with the staff of a UNDP funded project employing peer to peer interventions. Earlier, a study tour was also made to Ho Chi Minh City and Nha Trang for the same purposes. Training courses were conducted on communication and life skills for around 30 team members. Peer to peer training took place at some of the project sites where old members trained new members. Currently, preparation works for the World AIDS day and project evaluation are under way.

Intermediate Result 4.2: Enhanced quality, availability, and demand for STI management and prevention services.

AIDSMARK activities that address this IR are underway in Botswana, Cote d'Ivoire, Dominican Republic and Mozambique.

Activity 29: Botswana – Enhancing HIV Prevention Programs

Description

The goal of this intervention is to reduce the prevalence rate of HIV in Botswana. PSI/Botswana will focus on three main areas of HIV prevention – 1) social marketing voluntary counseling and testing centers 2) creating youth-focused information 3) education and communication campaign and 4) expanding the activities of the current condom social marketing project, including increasing distribution in rural areas.

Progress to Date

PSI moved forward with additional official openings, including Tsabong and Letlhakane. Additional openings were postponed due to VIP availability. Several other events were also carried out during the reporting period, including the official launch of mobile caravans, and a reception for outgoing Minister of Health Joy Phumaphi, celebrating 75,000 people being tested. PSI worked closely with BTV during this quarter to conceptualize, produce and air a two part series on VCT. Actors had actually tested at the centers, and the show included both positive and negative results. PSI also developed a concept note based on the “Take a Loved One to the Doctor” campaign run in the US. The concept note aimed to adapt the concept of community support into support for VCT. The concept was approved, and pretested with focus groups to rework for the Botswana context. It has evolved into “Show You Care”, and will begin in October 2003 with an official launch planned for November 2003. Approximately 24,500 people attended VCT during this reporting period, almost a 17% increase over the previous period. A media impact survey was developed and data was collected during the reporting period; results are expected in the next period.

With respect to Condom Social Marketing, PSI's activities declined slightly during this reporting period due largely to a rehaul of distribution and sales activities. PSI has revised its communications and sales/distribution plans so they are updated to the current commercial environment in Botswana. PSI managed to sell 677,000 *Lovers Plus* condoms into the commercial distribution chain, but has also spent significant time assisting the distributor and wholesalers to clear an overfilled pipeline of condoms. New distribution agreements were negotiated and will become active in October 2003. PSI's promotional activities slowed and were revised to better reflect the new strategic plan. July and August were largely a planning period for the organization, with a new campaign airing by September 2003.

PSI continued to actively reach out to young people throughout the period, reaching approximately 20,000 young people during this reporting period. Interaction with youth takes a variety of forms, including jam sessions, in-school sessions, entertainment oriented programming, and PSI's peer educators reach out to youth with messages ranging from abstinence, to delaying sex, parent/child communication and condom use, clarifying questions

about VCT, ARVs, homebased care, etc, as well as promoting positive decision making about life. Building self esteem among youth is a cornerstone to PSI's work with them in Botswana.

Activity 30: Cote D'Ivoire

Description

This project proposes to reduce HIV incidence by increasing safe sex practices (partner reduction, consistent condom use) among sexually active adults in Ivory Coast. The project assumes that condom distribution will remain strong and that psychological barriers rather than access will remain the primary constraint to increasing use. A principal focus for achieving this is through the promotion of voluntary counseling and testing (VCT). This strategy also assumes that planned investments in increasing access to VCT will proceed and that increased demand for VCT can be met.

Progress to Date

The project has been conducting capacity building activities with four local NGO's in the area of HIV/AIDS prevention. Three of the organizations are based in Abidjan and work with youth, people living with AIDS (PLWA), and religious leaders; the fourth is located in the provincial city of Abengourou. A total of 96 peer educators were trained, which well exceeds the objective of 50. We are developing tools for the peer educators, including an IEC kit and manual of participative training techniques. These will be distributed to participants by the end of October. Reinforcement of institutional capacity for the participating NGOs begins in November and will run through March, 2004.

Development of the VCT campaign continues. The project is currently working on a communications strategy and the production of media supports. These activities are guided by the results of a focus group study recently conducted to test logos, slogans and barriers to use of VCT centers. The mass media campaign will be post-tested to evaluate its effectiveness.

Work on AV supports will begin in mid-November with the shooting of a documentary film featuring PLWA, entitled "Des gens comme toi et moi" ("People like You and Me"). A booklet version will be developed simultaneously. Two other film projects, the production of three 15-minute AIDS prevention films targeted at pregnant women and the dubbing into English of the sequel to "Amah Djah Foule" (to be called "Djah Foule, Fortuna!") will begin production at the end of December, when work on "SIDA Dana la Cité 3" is finished. The latter has been delayed because of the political situation in Côte d'Ivoire.

Activity 31: Dominican Republic – Strengthen STI Prevention and Control Capacity of DIGECITSS

Description

On September 3, 1998, the USAID Mission in the Dominican Republic (USAID/DR) signed a Limited Scope Agreement with the Government of the Dominican Republic (GODR) acting through the Technical Secretariat of the Presidency (STP) and the Secretariat of State of Public Health (SESPAS) to provide assistance for the institutional strengthening of SESPAS AIDS and Sexually Transmitted Disease Control Program (PROCETS). This Agreement granted the

GODR US\$212,000 in direct assistance and provided for an additional US\$630,000 in the form of technical assistance through two Global Bureau projects, **AIDSMark** and **IMPACT**.

AIDSMark, to which the Mission obligated US\$120,000 of fiscal year 1998 funds, and a further \$150,000 through to year March 2000, is currently providing technical assistance to DIGESITSS, COPRESIDA and AccionSIDA to increase the country's capacity to prevent and control sexually transmitted infections (STI/HIV/AIDS). This addresses USAID/DR Intermediate Results (IRs) 2.1, Increased Risk-Perception of and Access to STI/HIV/AIDS Services and 2.3, Best Practices for Preventive Health Services Adopted.

In April 2003, the project was revised with approval from the DR mission director, and during the past year, **AIDSMark** has made significant progress towards the development of the behavior change communication campaign to increase risk perception and encourage safer sexual practices among sexually active youth in the Dominican Republic.

Progress to Date

AIDSMark launched its Trusted Partner Campaign in the Dominican Republic in July of 2003. The campaign includes two TV and radio spots, a series of four posters and billboards, and a discussion guide. The TV and radio spots have been broadcast since the end of August 2003, and the billboards were posted for four weeks in October. The discussion guide will go to print early November. By all counts to date the campaign has been a success among youth, who find it very powerful and are discussing it spontaneously with each other. The campaign was developed through a series of focus groups with youth, using their own language and beliefs. All airtime for the campaign was negotiated for free, and the campaign has enjoyed wide diffusion.

Activity 32: Mozambique – Voluntary Counseling and Testing (VCT)

Description

The project is designed to provide communications and demand creation for six franchised public sector VCT centers under the brand name “Renascer” in Maputo and Gaza provinces. The project is funded by CDC through USAID and the **AIDSMark** mechanism.

Progress to Date

Intermediate Result 4.4: Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services.

AIDSMark has developed two activities in Russia and a regional project in Southeastern Europe to address **IR 4.4**.

Activity 33: Russia – Partnerships

Description

As one component of the AIDSMark response to the growing HIV/AIDS epidemic in Russia, the partnerships program has been designed to respond to the need to empower local organizations. It works primarily with NGOs to provide the support necessary to formulate a response to the epidemic. The goal of the Partnerships Program is to improve local capacity to design, implement, and evaluate HIV/AIDS programs as stated in the Russia Mission's IR1.2. The most important means by which this is to be accomplished is through skills transfer in STI/HIV/AIDS prevention as a result of partnering Russia organizations with complementary U.S. organizations.

Progress to Date

A new Russia to Russia Partnership was established in St.Pete (Humanitarian Action - Stellit). The focus of the project is comprehensive HIV prevention services to CSWs, including outreach, CSW access to medical, social and psychological services, developing a "map" of sex work in St.Pete. The partners discovered several areas to strengthen each other's capacity. Another R-to-R Partnership between Saratov and Samara NGO resulted in stakeholders' recommendations to continue HIV peer education in schools in both cities. NAN/Tula - NAN/Moscow Partnership initiated HIV prevention work in prisons.

Two new subcontracts started HIV peer education activities in Moscow. Saratov sub-contracts are concentrated on outreach work among CSWs and IDUs, training for police, journalists, medical professionals and local authorities. Up to date PSI/Russia sub-contractors are: Socium (Engels), Healthy Future (Saratov), Megapolis (Saratov), NAN (Balakovo), Together (Moscow), Siberian AIDS Aid (Tomsk), Podval Center (Moscow), Red Cross (Moscow). After a grant competition in Saratov five new NGOs were detected and are going to be contracted next quarter.

Activity 34: South Eastern Europe - Regional Assessment

Description

This is a regional HIV/STI prevention and sexual health promotion program to be implemented from September 2002 through December 2003. The program will focus initially on four countries in the Balkans—Bosnia and Herzegovina (BiH), Bulgaria, Croatia, and Serbia—and may expand to other countries in the future if funding is available. In order to ensure continuity of capacity building for local partners and to expand the reach and impact of the program among the target groups, PSI proposes to: improve local capacity to implement effective HIV and STI prevention interventions and services; increase informed demand among target groups for safer sexual behavior and risk reduction; and improve inter-country regional cooperation on HIV and STI prevention among target groups.

Progress to Date

Activities for the RiskNet project have proceeded as planned and without interruption thus far. Since the project became operational in December 2002, RiskNet has accomplished the following tasks. Designed and supported the implementation of the “Gatekeeper Project”, in which people who have access to and influence over IDUs and CSWs are recruited and trained as outreach workers. Gatekeepers encourage people in their community to take advantage of NGO services and are responsible for increasing the number of people NGOs reach. There are currently almost 80 gatekeepers in the program.

A regional network has been created of NGOs that work in the area of harm reduction. The network regularly exchanges information about activities and ideas for improving outreach for target populations.

Approximately 300,000 condoms were distributed, with accompanying demonstrations and educational information on the prevention of the transmission of STIs.

RiskNet supported Study Trips for three NGOs to other NGOs for the purpose of gleaning “best practices” in the region.

Peer Ethnographic research was conducted on MSM in Macedonia, Romania, Kosovo and Romania to assist in the development of outreach activities for this high-risk group. Over 120 interviews were conducted with MSM and two workshops were implemented to address barriers to working with this particular group.

RiskNet News, a 16-page newsletter that includes stories on all the RiskNet activities, was designed, printed, and distributed; as well as “Not Worth the Risk”, a 12- page brochure that contains information on STI and HIV transmission and prevention in each local language.

PIPELINE ANALYSIS PER COUNTRY

	Total Award	Total Obligation through 9/30/03	Expenditures through 9/30/03	Pipeline as of 10/01/03	Projected expenditures (10/01/03 - 3/30/04)	Projected pipeline as of 10/01/03	Expected FY 2004 funding	Needed FY 2004 obligation to fulfill current commitments
Core	17,855,299	14,278,000	8,898,744	5,379,256	1,750,000	3,629,256	\$0.00	\$3,577,299
Angola	8,865,162	7,785,000	5,396,852	2,388,148	1,316,549	1,071,599	\$0.00	\$1,080,162
Azerbaijan	75,000	75,000	74,992	0.008	0.000	0.008	\$0.00	\$0.000
Benin	7,500,000	7,500,000	7,483,334	16,666	16,666	0.000	\$0.00	\$0.000
Bolivia	150,000	150,000	150,006	-0.006	0.000	-0.006	\$0.00	\$0.000
Botswana/CDC	1,202,720	1,800,001	1,106,448	693,553	312,568	380,985	\$0.00	-\$597,281
Brazil	4,705,000	4,705,000	4,368,326	336,674	336,674	0.000	\$0.00	\$0.000
Burundi	1,650,175	1,650,000	719,489	930,511	339,376	591,135	\$0.00	\$0.175
Central America Regional	8,898,522	2,831,552	2,831,552	0.000	1,000,000	-1,000,000	\$0.00	\$6,066,970
Central Asian Reps	51,042	54,000	54,000	0.000	0.000	0.000	\$0.00	-\$2,958
Congo	10,659,729	12,220,000	9,237,239	2,982,761	1,363,361	1,619,401	\$0.00	-\$1,560,271
Corridors of Hope	2,977,235	3,443,032	1,414,735	2,028,297	384,000	1,644,297	\$0.00	-\$465,797
Cote d'Ivoire	700,000	700,000	290,733	409,267	379,500	29,767	\$0.00	\$0.000
Dominican Rep.	445,000	445,000	363,678	81,322	77,315	4,007	\$0.00	\$0.000
E/E Region	860,389	1,110,000	532,775	577,225	196,910	380,315	\$0.00	-\$249,611
El Salvador	400,000	200,000	93,984	106,016	80,000	26,016	\$0.00	\$200,000
Eritrea	3,681,975	3,701,169	2,858,093	843,076	337,000	506,076	\$0.00	-\$19,194
Georgia	667,500	667,500	667,500	0.000	0.000	0.000	\$0.00	\$0.000
Guyana	300,054	795,000	0.000	795,000	168,919	626,081	\$600.00	-\$1,094,946
Haiti	1,100,000	1,400,000	1,097,060	302,940	179,817	123,123	\$0.00	-\$300,000
Honduras	2,672,906	1,565,666	1,282,380	283,286	244,000	39,286	\$380.00	\$727,240
Honduras study	25,666	25,660	25,664	-0.004	0.000	-0.004	\$0.00	\$0.006
India	20,000,240	9,900,000	5,736,817	4,163,183	3,719,021	444,162	\$0.00	\$10,100,240
Kenya	18,136,768	14,421,000	10,375,348	4,045,652	1,350,000	2,695,652	\$2,000.00	\$1,715,768
Lesotho/Swaziland	557,307	107,000	106,176	0.824	0.000	0.824	\$0.00	\$450,307
Laos	175,000	375,000	175,000	200,000	100,864	99,136	\$0.00	-\$200,000
Madagascar	5,400,662	5,400,000	4,116,621	1,283,379	1,284,041	-0.662	\$0.00	\$0.662
Malawi	11,499,936	4,995,000	2,918,928	2,076,072	2,400,291	-324,219	\$0.00	\$6,504,936
Mexico	2,997,570	600,000	43,842	556,158	666,000	-109,842	\$0.00	\$2,397,570
Mozambique/CDC	3,534,786	3,750,000	2,188,425	1,561,575	760,000	801,575	\$526.07	-\$741,279
Myanmar	1,000,000	1,000,000	606,338	393,662	84,550	309,112	\$1,000.00	-\$1,000,000
Nepal	4,281,043	7,460,000	3,755,093	3,704,907	1,675,000	2,029,907	\$0.00	-\$3,178,957
Nicaragua	199,910	200,000	19,609	180,391	97,408	82,983	\$0.00	-\$0.090
Nigeria	8,786,728	13,655,000	6,307,321	7,347,679	1,068,500	6,279,179	\$0.00	-\$4,868,272
REDSO I	287,262	300,000	275,982	24,018	0.000	24,018	\$0.00	-\$12,738
REDSO II	286,443	285,000	283,633	1,367	0.000	1,367	\$0.00	\$1,443
REDSO III	261,813	250,000	260,138	-10,138	0.000	-10,138	\$0.00	\$11,813
REDSO IV	300,510	1,150,000	217,418	932,582	0.000	932,582	\$0.00	-\$849,490
Romania	1,000,017	1,000,000	999,811	0.189	0.000	0.189	\$0.00	\$0.017
Russia	14,222,370	13,190,000	9,725,585	3,464,415	1,413,942	2,050,473	\$0.00	\$1,032,370
Rwanda	3,188,249	3,282,493	2,708,550	573,943	252,285	321,658	\$300.00	-\$394,244
SMASH	410,000	410,000	399,445	10,555	0.000	10,555	\$0.00	\$0.000
South Africa	882,635	650,000	647,480	2,520	0.000	2,520	\$0.00	\$232,635
STI PPT in Africa	80,000	80,000	77,552	2,448	0.000	2,448	\$0.00	\$0.000
AFR/SD CrossGen	150,000	150,000	131,217	18,783	51,338	-32,555	\$0.00	\$0.000
Thailand	150,000	389,000	146,429	242,571	3,571	239,000	\$0.00	-\$239,000
Uganda	6,848,208	6,848,000	519,479	6,328,521	558,600	5,769,921	\$0.00	\$0.208
Vietnam	150,000	150,000	50,000	100,000	36,198	63,802	\$0.00	\$0.000
Zimbabwe	4,410,542	4,411,040	4,410,043	0.997	108,504	-107,507	\$0.00	-\$0.498
TOTALS	184,641,373	161,510,113	106,149,862	55,360,251	24,112,767	31,247,484	4,806,065	18,325,195